

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.5em; font-weight: bold;">10/019580</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51	/					
2							52		/				
3							53	/					
4							54						
5							55	/					
6							56						
7							57						
8							58						
9							59						
10			/				60						
11							61	/					
12							62						
13							63	/					
14							64						
15							65	/					
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73	/					
24							74						
25							75						
26							76						
27			/				77						
28			/	/			78						
29							79						
30							80						
31							81						
32							82						
33			/				83						
34				/			84						
35							85						
36							86						
37			/				87						
38							88						
39							89						
40			/				90						
41							91						
42							92						
43							93						
44			/				94						
45				/			95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			8				TOTAL IND.	7					
TOTAL DEP.			3				TOTAL DEP.	1					
TOTAL CLAIMS			11				TOTAL CLAIMS	8					